

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004984

FILED
Apr 28, 2008
Secretary of State

Entity Name: HAITIAN AMERICAN LEADERSHIP ORGANIZATION, INC.

Current Principal Place of Business:

8260 NORTH EAST 2ND AVENUE
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822272
SOUTH FLORIDA, FL 33082 US

New Mailing Address:

P.O. BOX 827832
PEMBROKE PINES, FL 33082 US

FEI Number: 30-0315992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EUGENE, BERNARD M
4010 PALMETTO TRAIL
WESTON, FL 33331 US

Name and Address of New Registered Agent:

LEVASSEUR, MARIA
1067 NW 49TH STREET
MIAMI, FL 33127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA LEVASSEUR

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOUSSE, ANGELO
Address: 4108 SOUTH WEST 195TH TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP () Delete
Name: BREZAULT, THEDY
Address: 18523 SOUTH WEST 41ST STREET
City-St-Zip: MIRAMAR, FL 33029 US

Title: S () Delete
Name: MERISIER, HEROLD
Address: 2271 SOUTH WEST 146TH AVENUE
City-St-Zip: MIRAMAR, FL 33027 US

Title: T () Delete
Name: EUGENE, BERNARD M
Address: 4010 PALMETTO TRAIL
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOUSSE, ANGELO
Address: P.O. BOX 827832
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: VP (X) Change () Addition
Name: TOUSSAINT, GRACELLE
Address: P.O. BOX 827832
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: S (X) Change () Addition
Name: MERISIER, HEROLD
Address: P.O. BOX 827832
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: T (X) Change () Addition
Name: LEVASSEUR, MARIA
Address: P.O. BOX 827832
City-St-Zip: PEMBROKE PINES, FL 33082 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LEVASSEUR

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date